



COMMERCIAL UNDERGROUND STORAGE TANK REMOVAL PERMIT APPLICATION & INSPECTION CHECKLIST

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|  <p><u>NEW HANOVER COUNTY FIRE SERVICES</u> 230 GOVERNMENT CENTER DR., SUITE 130 WILMINGTON, NORTH CAROLINA 28403 (910) 798-7420, Fax (910) 798-7052 e-mail: fireforms@nhcgov.com</p> |  <p align="right"><u>CITY OF WILMINGTON FIRE AND LIFE SAFETY</u> 801 MARKET STREET WILMINGTON, NC 28401 (910) 343-0696 Fax (910) 341-0097 e-mail: fls@wilmingtonnc.gov</p> |
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Is your project located in the Wilmington City limits ____ or the unincorporated area of New Hanover County ____?

| CONTRACTOR REQUESTING PERMIT | |
|------------------------------|-------------------------|
| NAME: _____ | OFFICE PHONE _____ |
| ADDRESS: _____ | FAX _____ |
| CONTACT PERSON: _____ | CELL _____ E-MAIL _____ |
| LICENSE # _____ | |

| TANK INFORMATION | |
|---|-------------------------|
| LOCATION OF TANK(S) TO BE REMOVED _____ | |
| NAME OF BUSINESS/FACILITY _____ | |
| OWNER NAME: _____ | PHONE _____ |
| ADDRESS: _____ | FAX _____ |
| CONTACT PERSON: _____ | CELL _____ E-MAIL _____ |

| PERMIT INFORMATION | | | | | |
|-----------------------|---------|---------|---------|---------|---------|
| UST Info | Tank #1 | Tank #2 | Tank #3 | Tank #4 | Tank #5 |
| Tank Capacity | | | | | |
| Substance Stored | | | | | |
| Is Tank Regulated? | | | | | |
| Tank Constructed of | | | | | |
| Piping Constructed of | | | | | |

| FEE FOR PERMIT WILL BE ASSESSED BY APPROPRIATE PERMITTING JURISDICTION | |
|---|-----------------------|
| Method of Payment CASH CHECK CREDIT CARD CHARGE ACCOUNT # _____ | |
| Date of Application _____ | Applicants Name _____ |
| Applicants Signature _____ | |
| <small>By signing this permit application, you certify that all information provided is accurate and correct.</small> | |

OFFICE USE ONLY

| | |
|---|---|
| <p>PERMIT NUMBER ASSIGNED: _____</p> <p>Permit Fee Assessed _____</p> <p>Inspector Reviewing Application _____</p> <p>Application for Permit AP _____ or DA _____</p> <p>Comments _____</p> <p>_____</p> <p>_____</p> <p>_____</p> | <p>DATE OF INSPECTION: _____</p> <p>Inspected by _____</p> <p>Inspection AP _____ or DA _____</p> <p>Project Notes:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> |
|---|---|

| GENERAL UST INFO | TANK #1 | TANK #2 | TANK #3 | TANK #4 | TANK #5 |
|-------------------------------|----------------|----------------|----------------|----------------|----------------|
| 1. Tank capacity (gallons) | | | | | |
| 2. Substance stored | | | | | |
| 3. Is tank regulated? | | | | | |
| 4. Construction material-tank | | | | | |
| 5. Construction material-pipe | | | | | |

| UST CLOSURE INFORMATION - Respond: Y=yes, N=no or ?-did not observe | | | | | |
|---|--|--|--|--|--|
| 1. Product & piping removed from UST? | | | | | |
| 2. Vapors purged or inerted from UST? | | | | | |
| 3. UST filled with solid inert material (if abandoned)? | | | | | |
| 4. Holes in UST observed? | | | | | |
| 5. Free product observed in excavation? | | | | | |
| 6. Groundwater in excavation? | | | | | |
| 7. LEL of product within safe range? | | | | | |
| 8. No smoking signs in place within 25' of UST? | | | | | |
| 9. All openings plugged except 1/4" vent for release of pressure? | | | | | |
| 10. Tank labeled for former contents? | | | | | |
| 11. Current vapor state labeled on tank? | | | | | |
| 12. Warning against reuse labeled on tank? | | | | | |
| 13. Vapor freeing method labeled on tank? | | | | | |
| All piping, gauge & tank fixtures, appurtenances & vent disconnected & removed. | | | | | |

| VIII. EXCAVATION & STOCKPILE |
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| 1. Final excavation dimensions (ft x ft x ft): |
| 2. Was any area over excavated (y or n): |
| 3. Any indications excavated soil contaminated (y or n): |
| 4. Stockpile properly constructed (y or n): |
| 5. Stockpile samples collected (y or n): |

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| INSPECTION COMMENTS |
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